010203348040/2010

JAMAICA

Registrar General's Department

Issue Date:
5th August, 2010

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MANDEVILLE** 2. PARISH: **MANCHESTER**

3. NO. **IA 1491** 4. Place of Birth: **MANDEVILLE REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-NINTH DECEMBER, 2009** 6. Sex: **MALE**

7. Name of Child: **OMARIAN LEE** ***

8. Physician or registered midwife in attendance: **NURSE LORIS TABANNOR**

FATHER

9. Name and Surname: **RICHARD LEE RICKETTS** ***

10. Age at time of birth: **35 YEARS** 11. Occupation: **TILER**

12. Birthplace: **MANCHESTER**

MOTHER

13. (a) Residence: **MILE GULLY**

(b) Town/Village: **WALDERSTON** (c) Parish: **MANCHESTER**

14. No. of Children previously born to mother (a) Alive: **nil** (b) Still-born: **nil**

15. Name and Surname: **BEVERLEY MILLICENT BLAKE** ***

Maiden Name: **nil** 16. Age at time of birth: **33 YEARS**

17. Occupation: **FARMER** 18. Birthplace: **CLARENDON**

INFORMANT(S)

19. Name and Surname:	**RICHARD LEE RICKETTS** ***	**BEVERLEY MILLICENT BLAKE** ***
20. Qualification:	**FATHER**	**MOTHER**
21. (a) Residence:	**MIKE TOWN**	**MILE GULLY**
(b)Town/Village:	**MANDEVILLE**	**WALDERSTON**
(c) Parish:	**MANCHESTER**	**MANCHESTER**

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:

23. Witness: **nil**

24. Date: **TWENTY-NINTH DECEMBER, 2009** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil** 28. Date Added: **NIL**

Last line of Vital Data

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

We aim to satisfy

OUT OF MANY, ONE PEOPLE